

THE PATENT AND TRADEMARK OFFICE IS RESPECTFULLY REQUESTED TO PLACE ITS STAMP ON THIS POSTAL CARD AND PLACE IT IN THE OUTGOING MAIL TO SHOW THE FOLLOWING PAPERS HAVE BEEN RECEIVED.

ON THIS POSTAL
EEN RECEIVED.

Application:
avedra et al.

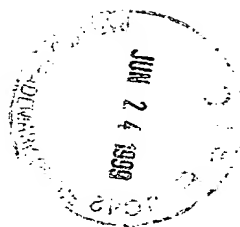
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Amendment
to Hrabie

In re Appln. of Saavedra et al.; Serial No. 08/837,812
Response Transmittal Form With Request for One-Month Extension of
Time (1 p./original/1 copy)
Response to Restriction Requirement (3 pp.)
Check for \$110.00 (extension fee)
Due 5/23/1999; Mailed 6/21/1999
Case 161192
BMG/DJS/dag

THE PATENT AND
CARD AND PLACI

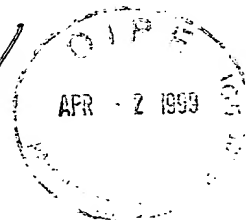
FILED: April
Attorney Doc
BMG/baw
Continued Pr
Of: Serial N
Filed: A
For: Bio
Compositions
Same
Enclosed: C
Certificate of
and Declarat
Declaration; C
Express Mail



THE PATENT AND TRADEMARK OFFICE IS RESPECTFULLY REQUESTED TO PLACE ITS STAMP ON THIS POSTAL CARD AND PLACE IT IN THE OUTGOING MAIL TO SHOW THE FOLLOWING PAPERS HAVE BEEN RECEIVED.

FILED: April 2, 1999
Attorney Docket No. 161192-NIH
BMG/baw
Continued Prosecution Application (CPA)
Of: Serial No.: 08/837,812
Filed: April 22, 1997
For: Biopolymer-Bound Nitric Oxide-Releasing Compositions, Pharmaceutical
Compositions Incorporating Same And Methods Of Treating Biological Disorders Using
Same

Enclosed: Continued Prosecution Application (CPA) Request Transmittal With
Certificate of Mailing by "Express Mail" (2 Pages in duplicate); Preliminary Amendment
and Declaration of Joseph A. Hrabie (6 Pages); Exhibits A through E to Hrabie
Declaration; Check in the amount of \$1302.00.
Express Mailing Label No. EL305736078US



In re Application:
Saavedra et al.



* E L 3 0 5 7 3 6 0 7 8 U S *



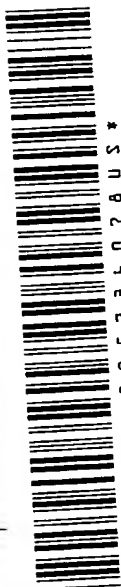
EL305736078US

POST OFFICE TO ADDRESSEE

1997

DELIVERY (POSTAL USE ONLY)

Delivery Attempt Time Employee Signature



* E L 3 0 5 7 3 6 0 7 8 U S *

POST OFFICE TO ADDRESSEE



EL305736078US

Customer Copy
Label 11-F July 1997

SEE REVERSE SIDE FOR
SERVICE GUARANTEE AND LIMITS
ON INSURANCE COVERAGE

ORIGIN (POSTAL USE ONLY)		Flat Rate Envelope	
PO ZIP Code	Day of Delivery	<input type="checkbox"/> Next	<input type="checkbox"/> Second
Date In	Time In	<input type="checkbox"/> 12 Noon	<input type="checkbox"/> 3 PM
Mo. Day Year	Mo. Day Year	<input type="checkbox"/> 2nd Day	<input type="checkbox"/> 3rd Day
Weight	Int'l Alpha Country Code	COD Fee	Insurance Fee
No Delivery <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday <input type="checkbox"/>	Acceptance Clerk Initials	Total Postage & Fees	

WAVES OF SIGNATURE (Domestic Only): Additional merchandise insurance is void if waves of signature is requested. If delivery is to be made without obtaining signature of addressee or addressee's agent, delivery employee judges that article can be left in secure location and I authorize that delivery employee's signature constitutes valid proof of delivery.

CUSTOMER USE ONLY
METHOD OF PAYMENT: Express Mail Corporate Acct. No. Federal Agency Acct. No. or Postal Service Acct. No.
TO: (PLEASE PRINT) PHONE

FROM: (PLEASE PRINT) PHONE

NO DELIVERY ☐ Weekend ☐ Holiday ☐

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